DOE READING ROOM DOCUMENT TO BE RELEASED

<u>T0</u>	70304				
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	[] Letter [] Memorandum [] Report [] Publication [X] Other (Specify) otegram: bject: CONCERNING EXPOSURE LIMITS (Methyl Iodide, Skin Test, Dose)	To Fro	om: O. L. Cordes bject:		
4.	Document Date: September 14, 1965	Na	oublication: me: lume: ue:		
5.	Summary (2-3 lines indicating the Consent form for skin absorption form is an AEC-ID form, slightly	n test;	attached to notegram fro	om (OLC to HHF. Consent
6.	Name and telephone number of person completing form:	7. Or	ganization:	8.	Date:
	Burton R. Baldwin (208) 525-0203	_	ckheed Idaho chnologies Co.		March 28, 1995

[] Check here if a copy of the document is being sent to Headquarters.

HUMAN RADIATION EXPERIMENTS RECORDS PROVENANCE FORM

REPOSITORY NAME	INEL
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BOX NUMBER	INEL BOX NO. 23399
ADDITIONAL LOCATION INFORMATION	THE BOX IS STORED AT CFA-674-E RECORDS HOLDING AREA, LOCATION, UT6B THE RECORD STORAGE RECEIPT NUMBER IS 2613 FOLDER: SAFETY-16 IODINE RADIATION EXPERIMENTS
FILE TITLE	NOTEGRAM FROM O. L. CORDES TO H.H. FERGUSON CONCERNING EXPOSURE LIMITS
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HEI FORM DOCUMENT NO.: T070050

DOCUMENT NO.: T070304

DOCUMENT TITLE: NOTEGRAM FROM O. L. CORDES TO H.H. FERGUSON

CONCERNING EXPOSURE LIMITS

CROSS REFERENCES: ITEMS OF INTEREST:

NOTEGRAM - TELEGRAM RECEIVED RECHETELEGRAM P. E. RUNTELEGRAM PROTECTION PLANTICHARGE SEP 2 Address
10 INITIAL I
From O.L. Cardes Dept. Address ROUTE
Please note the morked statement
concerning the exposore limits. I think
this is about as single explicit as we can
make it without printing the entire table
All personnel used as valunteers will be from
The Health and safety Branch and will have
direct access to the FRR Report No. 1. They
inities with its recommendations.

Printed in U.S.A.

· REPOSITORY

PUT IT IN WRITING - WRITTEN MESSAGES SAVE TIME, PREVENT ANNOYING INTERRUPTIONS AND ERRORS

Form 40 3-60

COLLECTION OFFICE OF CHIEF COUNSEL FUBJECT FILE 23399, UTGB CFA 679E

BOX NO. FILE: SAFETY-16 IODINE RADIATION EXPERIMENT NOTE GRAM FROM OL CORDES TO 44 FERGUSON

FOLDER SUBJ: EXPOSURE CIMITS

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			_	_	_	_		_	-		_	_	_	_	_	_	
(Date)																	

Methyl Iodide Skin Penetration Experiment

Dear Mr.

You have indicated your willingness to participate in the forthcoming iodine skin penetration experiment. This experiment will involve standing in a cloud of methyl radioiodide while being equipped with a breathing apparatus such as a Scott Air Pak. The period of exposure will not exceed 30 minutes. The estimated thyroid dose to the AEC volunteers, who will not be equipped with breathing apparatus, is 30 mrem. The skin penetration dose to the thyroid should not exceed this value. Bases on current administrative controls, this is one-twelth (1/12) of a day's exposure. A whole body count will be made to determine the amount of radioiodine deposited in the thyroid.

The data from this experiment should help determine what hazards are presented by a radioiodine atmosphere from the penetration of iodine through the skin to the thyroid. Participation in this experiment is to be considered within the scope of your employment with Phillips Petroleum Company's Atomic Energy Division.

Please read and sign the following statement signifying your voluntary acceptance of any risk involved in your participation in this experiment.

of any risk involved in your part	icipation in	this experiment.			F,
	<u> </u>	(Si	gnature)		
as an employee of Phillips Petrole to be jointly conducted by AEC's Division. I realize that my part internally a small quantity or que by the ID Medical Branch to be les in the Federal Radiation Council I understand that a documented recomplished Phillips Petroleum Company and the exposure and/or medical record.	eum Company to Idaho Operation icipation in antities of rass than 10% of Report No. 1 and of these in	ons Office and by the experiment madioisotopes which f the radiation for occupational nvestigations wi	scientific y Phillips' ay result in ch have been guide limits radiation e ll be on fil	investigat: Atomic Energy received estimated establishes exposure. Le with both	ions rgy ing ed I
Witnesses:					
Signature		Signature		Date	
Signature					
		Administr	ation		NO 2 2 3 2

			·		10 01 0 01011	
Nuclide	Quantity	Date	T 1/2 eff.	Chemical	Physical	
Taken	μς.	Taken	days	Form	Form	Route

Date

Chief, Analytical Chem. Branch Health & Safety Division IDO-USAEC Chief, Medical Branch Health & Safety Division IDO-USAEC Date O. H. D. 1/b